

## How do I obtain a copy of the NRS, NAC, Medical Fee Schedule or other information?

The Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) regarding workers' compensation can be obtained by contacting the Legislative Counsel Bureau, Legislative Publications at:

Reno & Carson: (775) 684-6800

Las Vegas: (702) 486-2626

All other Nevada: (877) 873-2648

[www.leg.state.nv.us](http://www.leg.state.nv.us)

The Medical Fee Schedule, HIPAA information, Treating and Rating Physicians' list, and the necessary workers' compensation forms can be accessed through the WCS website at: <http://dir.nv.gov/wcs/home/>

For more information you may call or write:

Department of Business and Industry  
Division of Industrial Relations  
Workers' Compensation Section

400 West King Street, Suite 400

Carson City, Nevada 89703

(775) 684-7270

Fax: (775) 687-6305

1301 North Green Valley Pkwy, Suite 200

Henderson, Nevada 89074

(702) 486-9080

Fax: (702) 990-0364

Email: [WCSHelp@business.nv.gov](mailto:WCSHelp@business.nv.gov)

*The material contained in this publication is derived from chapters 616A to 617, inclusive, of the Nevada Revised Statutes & Nevada Administrative Code, and is provided for general information purposes only. For more detailed information, please refer to the specific statute or code in its entirety.*

## Steps for obtaining workers' compensation insurance information

**Step 1:** Ask the injured employee, if possible.



**Step 2:** Use the **Coverage Verification Service (CVS)** on the **WCS** web-site: <http://dir.nv.gov/wcs/home/>

**Step 3:** Go to the **Division of Insurance** website at <http://doi.state.nv.us> and select the "Help Me Find" tab to locate the "Self-insured Workers' Compensation". Select either the "Self-Insured Company" and/or the "Association List" tab. Use the "Find" feature to initiate search.

**Step 4:** Contact the employer. Document the responses from the employer.

**Step 5:** After completing the above steps, if you are still unable to locate coverage information, call **WCS** Henderson at (702) 486-9080 or Carson City at (775) 684-7270. If we are unable to locate coverage over the phone, you will be asked to forward a completed copy of the C-4 and verification documentation to our office for further investigation.

**Step 6: ALWAYS** verify coverage with the correct Insurer/TPA before sending the C-4.

## Can I bill an injured employee?

No. A provider of health care who accepts a patient as a referral for the treatment of an industrial injury or an occupational disease may not charge the patient for any treatment related to the industrial injury or occupational disease, but must charge the insurer. The provider of health care may charge the patient for services that are not related to the industrial injury or occupational disease. [NRS 616C.135](#)

# MEDICAL PROVIDER GUIDE

## WORKERS' COMPENSATION



### Email Notification

Stay connected to what's new in Nevada's workers' compensation by registering to receive email notifications. <http://dir.nv.gov/wcs/home/>



PUBLISHED BY:  
STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
WORKERS' COMPENSATION SECTION

*This pamphlet is provided to inform stakeholders of some significant points concerning workers' compensation insurance in Nevada.*

### **What is workers' compensation?**

Workers' compensation is a no-fault insurance program in the State of Nevada, which provides benefits to employees who are injured on the job and protection to employers who have provided coverage at the time of injury.

### **What protection is provided for the employer?**

Because Nevada has "exclusive remedy," the injured workers' benefits are set forth in the statutes. Employers who provide coverage for their employees at the time of injury are protected from any additional damages claimed by their employees as a result of an injury on the job. This protection is established when the injured employee opts to receive workers' compensation benefits.

### **What type of benefits are employees entitled to?**

Nevada's Workers' Compensation Program provides a variety of benefits which are designed to assist the injured employee. These benefits may include (among others):

- Medical treatment;
- Lost time compensation (TTD/TPD);
- Permanent Partial Disability (PPD);
- Permanent Total Disability (PTD);
- Vocational Rehabilitation;
- Dependent's benefits in the event of death; and
- Other claims-related benefits or expenses (i.e., mileage)

### **What services require prior authorization?**

The treating physician or chiropractor must request written authorization from the insurer before ordering or performing any one of the following services with an estimated billed amount of \$200 or more:

- Consultation;
- Diagnostic testing;
- Elective hospitalization;
- Any surgery which is to be performed under circumstances other than an emergency; or
- Any elective procedure.

In addition, treatment for codes 97001 to 97799, exclusive of 97545, 97546, and 98925 to 98943, consisting of more than 6 visits, requires pre-authorization. [NAC 616C.129](#)

### **What forms are the physician or chiropractor required to fill out?**

A physician or chiropractor is required to complete the [Form C-4, Employee's Claim for Compensation/Report of Initial Treatment](#) and the [Form D-39, Physician's and Chiropractor's Progress Report](#). The treating physician or chiropractor *must* complete the bottom portion of the C-4 in its entirety, sign, date, and forward a copy to the insurer *and* employer within 3 working days after he first treats an injured employee. The D-39 is simply a progress report that the treating physician or chiropractor may complete versus dictating a report. A copy of the D-39 or a dictated report, including any physical limitations must be forwarded to the insurer along with the bill for service. Forms may be obtained from the WCS website: [http://dir.nv.gov/WCS/Workers\\_Compensation\\_Forms\\_and\\_Worksheets/](http://dir.nv.gov/WCS/Workers_Compensation_Forms_and_Worksheets/)

### **What information is necessary when submitting a bill?**

Each provider of health care must submit a bill to the insurer which includes:

- His usual charge for services provided;
- The code for the procedure and a description of the services;
- The number of visits and date of each visit to his office and the procedures followed in any treatment administered during the visit;
- The provider's invoice and the codes for supplies and materials provided or administered to the injured employee that are set forth in the "Health Care Financing Administration, HCFA Common Procedures Coding System (HCPCS)," as contained in the "Relative Values for Physicians,"
- The name of the injured employee, his employer and the date of his injury;
- The tax identification number of the provider of health care; and
- The signature of the person who provided the service.
- In addition to the above, each physician or chiropractor must include on his bill the ICD-10-CM codes as set forth in the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-10-CM)." [NAC 616C.149](#)

### **How long does a provider have to appeal a billing or payment issue?**

A provider of health care whose bill has been reduced or disallowed may, within 60 days after receiving notice of the reduction or disallowance, submit a written request to the Workers' Compensation Section for a review of that action. The request must identify the billed item for which the review is sought and grounds upon which the request is based. [NAC 616C.027](#)